

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019842

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 64

FILED MAY 21 1963

## 1. PLACE OF DEATH

a. COUNTY

Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Bethany,

Length of stay in 1b

3 mo.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Noll Memorial Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Harrison

admission)

c. CITY  
OR  
TOWN

New Hampton,

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

South Part

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
LettieMiddle  
(none)Last  
Strunks4. DATE  
OF  
DEATH

Month

Day

Year

May 15, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7/1/81

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life; none if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

HouseKeeper (own)

## 11. BIRTHPLACE (City and state or country)

Harrison Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Reuben Feltz

## 13b. MOTHER'S MAIDEN NAME

Martha C. Foster

## 14. NAME OF HUSBAND OR WIFE

James W. Strunks

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

398

## 17. INFORMANT

Mrs. Anna Pierce New Hampton, Mo.

18. CAUSE OF DEATH (Enter only one cause; if more than one, list in PART II)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Metastatic carcinoma  
adenocarcinoma of colonConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

4 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Anemic

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 4/4/62 to 5/15/63 and last saw her alive on 5/15/63  
Death occurred at 11:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Dr. J. C. Luchterhand, MD

## 22b. ADDRESS

Bethany, Mo

## 22c. DATE SIGNED

5/17/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

5/18/63

## 23c. NAME OF CEMETERY OR CREMATORY

Foster Cemetery

## 23d. LOCATION (City, town, or county)

Harrison County, Mo.

## 24. FUNERAL DIRECTOR

C. R. Noble

## ADDRESS

New Hampton, Mo.

## 25. DATE RECD. BY LOCAL REG.

5-18-63

## 26. REGISTRAR'S SIGNATURE

C. J. Maxey

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

10411

204102

3

4 1

5 2

6

7 0

8 2

9/53.8

10

11

12 1-0

13 1-0

JUN 4 1963

JUL 16 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William George Noh

Licensed Embalmer No. 4987

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.